

For calendar year       , or fiscal year beginning       , and ending        **66**

YOUR FIRST NAME AND INITIAL <b>1</b>		LAST NAME		YOUR SOCIAL SECURITY NO.	
IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL <b>1</b>		LAST NAME		SPOUSE'S SOCIAL SECURITY NO.	
PRESENT HOME ADDRESS - NUMBER AND STREET, RURAL ROUTE <b>2</b>		APT. NO.		<b>↑ IMPORTANT ↑</b> You must enter your SSNs.	
CITY, TOWN OR POST OFFICE <b>3</b>		STATE ZIP CODE			
		DAYTIME PHONE: (    )		<b>FOR DOR USE ONLY</b>	
		HOME PHONE: (    )			

		Original Return	This Return	
<b>Filing Status</b>	<b>Check box to indicate both filing and residency status:</b>			
	4 Married filing joint return .....	4		
	5 Head of household: Name of qualifying child or dependent .....	5		
	6 Married filing separate return. Enter spouse's Social Security Number above and full name here. ▶ .....	6		<b>88</b>
<b>Residency</b>	7 Single .....	7		
	8 Resident .....	8		<b>81</b>
	9 Nonresident .....	9		<b>80</b>
	10 Part-year resident .....	10		
<b>Exemptions</b>	11 Part-year resident active military .....	11		
	12 Nonresident active military .....	12		
	13 Age 65 or over: Enter the number claimed. ....	13		
	14 Blind: Enter the number claimed. ....	14		
	15 Dependents: Enter the number claimed. ....	15		
	16 Qualifying parents or ancestors: Enter the number claimed. ....	16		

		ORIGINAL AMOUNT REPORTED (a)	AMOUNT TO BE ADDED OR SUBTRACTED (b)	CORRECTED AMOUNT (c)
<b>IMPORTANT: You must enter an amount in columns (a), (b), and (c) for lines 17 and/or 18, lines 19 through 25, lines 27, 31, 32, 35, and lines 37 through 40.</b>	17 Federal adjusted gross income .....	00	00	00
	18 Form 140NR and 140PY filers only: Enter Arizona gross income .....	00	00	00
	19 Additions to income .....	00	00	00
	20 Subtotal: Form 140, 140A, 140EZ filers: Add lines 17 and line 19. Form 140NR or 140PY filers: Add lines 18 and 19 .....	00	00	00
	21 Subtractions from income .....	00	00	00
	22 Arizona adjusted gross income. Subtract line 21 from line 20 .....	00	00	00
	23 Deductions (itemized or standard) .....	00	00	00
	24 Personal exemptions .....	00	00	00
	25 Arizona taxable income. Subtract lines 23 and 24 from line 22 .....	00	00	00
	26 Tax from tax rate table: <input type="checkbox"/> Table X or Y (140, 140NR or 140PY) <input type="checkbox"/> Optional Table (140, 140A or 140EZ) .....	00	00	00
	27 Tax from recapture of credits from Arizona Form 301, Part II .....	00	00	00
	28 Subtotal of tax. Add lines 26 and 27, column (c) .....			00
	29 Clean Elections Fund Tax Reduction claimed on original return .....	00		00
	30 Reduced tax. Subtract line 29 from line 28, column (c) .....			00
	31 Family income tax credit .....	00	00	00
	32 Credits from Arizona Form 301 or Forms 310, 321, 322 or 323 .....	00	00	00
	33 Credit type: Enter form number of each credit claimed: <b>33</b> <b>3</b> <b>3</b> <b>3</b> <b>3</b> <b>3</b> .....			
	34 Subtract lines 31 and 32 from line 30 .....			00
	35 Clean Elections Fund Tax Credit. See instructions .....	00	00	00
	36 Balance of tax. Subtract line 35 from line 34. If line 35 is more than line 34, enter zero .....			00
	37 Payments (withholding, estimated, or extension) .....	00	00	00
	38 Increased Excise Tax Credit .....	00	00	00
	39 Property Tax Credit .....	00	00	00
	40 Other refundable credits. <b>40A1</b> <input type="checkbox"/> <b>313</b> <b>40A2</b> <input type="checkbox"/> <b>326</b> <b>40A3</b> <input type="checkbox"/> <b>327</b> <b>40A4</b> <input type="checkbox"/> <b>329</b> <b>40A5</b> <input type="checkbox"/> <b>330</b> .....	00	00	00
	41 Payment with original return plus all payments after it was filed .....			00
	42 Total payments and refundable credits. Add lines 37 through 41, column (c) .....			00
	43 Overpayment from original return or as later adjusted. See instructions .....			00
	44 Balance of credits: Subtract line 43 from line 42 .....			00
	45 <b>REFUND/CREDIT DUE:</b> If line 36 is less than line 44, subtract line 36 from line 44, and enter amount of refund/credit .....			00
	46 Amount of line 45 to be applied to 2005 estimated tax. If zero, enter "0" .....			00
47 <b>AMOUNT OWED:</b> If line 36 is more than line 44, subtract line 44 from line 36, and enter the amount owed .....			00	
48 Is this amended return the result of a net operating loss? If "yes", check the box: <b>48</b> <input type="checkbox"/> YES				

**PART I: Dependent Exemptions - do not list yourself or spouse as dependents**

List children and other dependents. If more space is needed, attach a separate sheet.

FIRST AND LAST NAME	SOCIAL SECURITY NO.			RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME DURING THE TAXABLE YEAR

Enter the names of any dependents age 65 or over listed above that you cannot claim as a dependent on your federal return:

_____	_____
_____	_____

**PART II: Qualifying Parents and Ancestors of Your Parents Exemptions (Arizona residents only)**

List below qualifying parents and ancestors of your parents for which you are claiming an exemption. If more space is needed, attach a separate sheet.

Do not list the same person here that you listed in Part I, above, as a dependent. For information on who is a qualifying parent or ancestor of your parents, see the instructions for the original return that you filed.

FIRST AND LAST NAME	SOCIAL SECURITY NO.			RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME DURING THE TAXABLE YEAR

**PART III: Income, Deductions, and Credits**

List the line reference from page 1 for which you are reporting a change then give the reason for each change. Attach any supporting documents required. If the change(s) pertain(s) to an IRS audit, please attach a copy of the agent's report. If you filed an amended federal return with the IRS (Form 1040X), please attach a copy and all supporting schedules.

_____
_____
_____
_____
_____
_____
_____
_____

**Part IV: Name and Address on Original Return**

If your name and address is the same on this amended return as it was on your original return, write "same" on the line below.

_____	_____	_____
Name	Number and Street, etc.	City, State Zip

<b>PLEASE SIGN HERE</b>	<i>I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.</i>		
	▶ YOUR SIGNATURE _____	DATE _____	
	▶ SPOUSE'S SIGNATURE _____	DATE _____	
	▶ PAID PREPARER'S SIGNATURE _____	FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) _____	
	PAID PREPARER'S TIN _____	DATE _____	PAID PREPARER'S ADDRESS _____

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ, 85072-2016.  
 If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ, 85072-2138.